

# State of Vermont BCBSVT Medical Benefits Overview

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November 5, 2021

# 2022 Plan Designs

| Benefit                             | Select Care (in-network benefits) | Total Choice (\$300/\$600 deductible, out-of-pocket \$750/\$2,250) |
|-------------------------------------|-----------------------------------|--------------------------------------------------------------------|
| Preventive Visit/MH/SUD             | No charge                         | No charge                                                          |
| PCP/PT/OT/ST/Chiro                  | \$25                              | Deductible, 20% coinsurance                                        |
| Specialists                         | \$30                              | Deductible, 20% coinsurance                                        |
| Outpatient procedure                | No charge                         | Deductible, 20% coinsurance                                        |
| Inpatient admission                 | \$250                             | Deductible, 10% coinsurance                                        |
| Urgent Care                         | \$50 copay                        | Deductible, 20% coinsurance                                        |
| Emergency Room                      | \$75 copay                        |                                                                    |
| Diagnostic test (x-ray, blood work) | No charge                         | Deductible, 20% coinsurance                                        |
| Imaging (MRI)                       | \$30 copay                        | Deductible, 20% coinsurance                                        |
| Durable Medical Equipment           | No charge                         | Deductible, 20% coinsurance                                        |

# Differences between the 2 plan options:

## ■ Select Care

- Two levels of benefits: Preferred and Non-Preferred
- In-network
  - No deductible with in-network providers
  - Copays for PCP, Specialists, ER, Urgent Care and Inpatient
  - Radiology: no charge
- Out of network
  - Deductible/coinsurance

# Differences between the 2 plan options:

## ■ Total Choice

- One level of benefits: Preferred and Non-Preferred Providers
  - Deductible and coinsurance for all services
  - Balance billed for out of network providers

# Medical Plan Terminology

- **Copay:** a fixed amount for a covered service you pay the provider before receiving the service
  - Examples include office visit and emergency room copays
- **Deductible:** the amount you pay for covered services before the insurance plan starts to pay
- **Coinsurance:** the percentage of costs of a covered service you pay after you've paid your deductible
- **Out-of-Pocket (OOP) Maximum:** the most you will pay for covered services in a plan year. Once this amount is reached, the plan pays 100% for the remainder of the year.

# Preventive Care

Preventive care is covered at 100%, including:

- Annual exam for all family members
- Well-baby and well child office visits
- Immunizations in the doctor's office
- Well woman visits - annual gyn exam, pap test
- Breastfeeding support, supplies and counseling
- Screening mammogram
- Colorectal screening
- Lab and x-ray services performed in conjunction with preventive office services

# Prior Approval

Certain services require prior approval

- Examples include:
  - CT, MRI, MRA, MRS and PET scans
  - Investigational or experimental procedures/medications
  - Skilled Nursing Care
  - Rehabilitation Services
  - Transplants
- You are responsible to make sure it happens; however, your physician must submit the request in writing
- Approval must be obtained prior to services being rendered

# Telemedicine Services

## Amwell Services Include:

Coronavirus Screenings

Respiratory Infections

Bronchitis

Urinary Tract Infections

Pharyngitis (sore throat)

Rashes

Conjunctivitis (pink eye)

Influenza

Sinusitis (sinus infection)

Nutritional Counseling

Lactation Support

Mental Health Services

## Local Telemedicine Services:

Mental Health Services

Medical Nutrition Therapy

New Patient Visit

Office Consultation

Inpatient Consultation

Smoking and Tobacco Cessation

Teledentistry

Therapeutic Procedure

Medical Genetics and Genetic Counseling

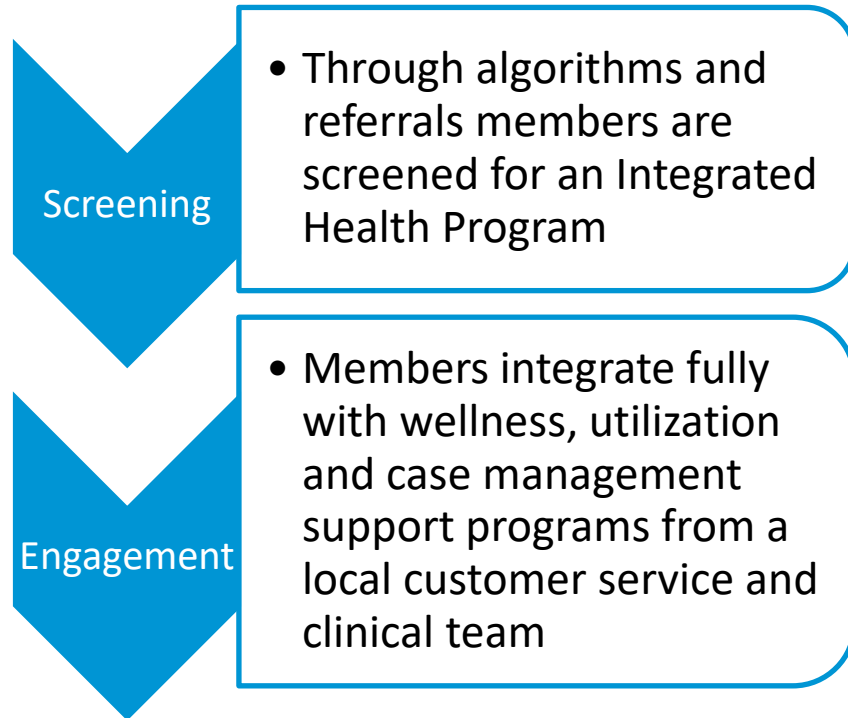
ESRD Related Services

Neurobehavioral Status Exam



# Integrated Health Programs

- Better Beginnings
- Care Coordination
- Case Management
- Prevalent Chronic Condition Management
- Rare Condition Management through Accordant Care



# Tools & Resources

BCBSVT website: [www.bluecrossvt.org](http://www.bluecrossvt.org)

- Find a doctor

Member Resource Center [www.bluecrossvt.org/member-logins](http://www.bluecrossvt.org/member-logins)

- View claims
- Summary of Health Plan Payments
- Contact customer service via secure message

# Questions?

## ■ Customer Service

- Phone number: 888-778-5570
- Email: [customerservice@bcbsvt.com](mailto:customerservice@bcbsvt.com)
- Send secure message through the Member Resource Center

## ■ Visit us at [www.bluecrossvt.org](http://www.bluecrossvt.org)